

Woodville School
Extended Day Enrichment Program
2024-2025 FABulous – EDEP
Families After & Before Program
(850) 488-4828

Child's Name: _____ Date of Birth: _____
Child's Age: _____ Grade: _____ Teacher: _____ Phone Number: _____
Address: _____ City: _____ Zip Code: _____
Parent/Guardian Name: _____ Date of Birth: _____
Email Address: _____ Work Phone: _____
Employer: _____

Secondary Contacts:

The following individuals are permitted to pick up my child and may be contacted in case of emergency.

Name: _____	Relation: _____	Phone: _____
Name: _____	Relation: _____	Phone: _____
Name: _____	Relation: _____	Phone: _____

Medical Info: (form must be submitted giving permission for staff to administer meds.)

List any medications, allergies, or limitations requiring special attention: _____

My child is considered disabled: ____ YES ____ NO State Disabling Condition: _____

Respond YES or NO to the following:

- _____ My child will attend the Before School Program
- _____ My child will attend the After School Program
- _____ My child will attend Early Release Days ONLY
- _____ My child will drop-in to Before School
- _____ My child will drop-in to After School
- _____ My child has siblings that will attend the **(please circle)** before, after, or both programs
- _____ My child will eat breakfast in the lunchroom
- _____ Additional information about my child may be found below

Additional Information for my child, _____

Photo Release:

I fully understand that the Woodville FAB Program uses photos of children who participate for displays, articles, promotions, and that children participate in Video Production and Photography classes that may involve production of photographs. It is my decision that Leon County schools **(MUST circle one)** may use or may not use my child's photograph in any such activity as those listed above.

Cyclical Newsletter:

_____ I would like to receive a newsletter of the activities and fee dates for each cycle. Email: _____

_____ I would NOT like to receive a newsletter of the activities and fee dates for each cycle.

Acknowledgment:

I have read and understand the outlined **FAB Program** policies and information packet.

Parent/Guardian Signature: _____ Date: _____

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For Office Use Only:

Date Application Turned In: _____ Date Registration Fee Paid: _____

_____ Date Attendance Begins: _____ Receipt Number: _____

Date Attendance Ended/Terminated: _____

If terminated, reason: _____

Child is to attend: AM Session _____ PM Session _____ Both AM & PM _____

Child has sibling in program: Yes _____ No _____

If yes, sibling's name is _____